

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

*See Instructions for "Service of Process by the U.S. Marshal"
on the reverse of this form.*

PLAINTIFF

Amin Abdullah- Clarke

FILE

COURT CASE NUMBER

CV 882 DMS-WMC

DEFENDANT

Dr. Allan

2008 SEP -9

TYPE OF PROCESS

ANSWER or Process

SERVE



NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN
Dr. Allan mental Health CLERK US DISTRICT COURT
SOUTHERN DISTRICT OF CALIFORNIA

AT

California State Prison Centinela 2302 Brown Rd. Imperial, Ca 92251

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:

Amin Abdullah- Clarke C-84681
CSP Los Angeles Co.
44750 60th St., West
Lancaster, Ca 93536

Number of process to be served with this Form - 285

7

Number of parties to be served in this case

7

Check for service on U.S.A.

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service):

Fold

Fold

U.S. MARSHAL
SOUTHERN DISTRICT
CALIFORNIA

AUG 19 A 8:57

RECEIVED

Signature of Attorney or other Originator requesting service on behalf of:

Amin Abdullah- Clarke

PLAINTIFF
 DEFENDANT

TELEPHONE NUMBER

DATE

8/13/08

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated.
(Sign only first USM 285 if more than one USM 285 is submitted)

Total Process

District of Origin

District to Serve

Signature of Authorized USMS Deputy or Clerk

Date

No. 98

No. 98

Alett

8/13/08

I hereby certify and return that I have personally served, have legal evidence of service, have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.

I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)

A person of suitable age and discretion then residing in the defendant's usual place of abode.

Address (complete only if different than shown above)

Date of Service	Time	am
		pm
Signature of U.S. Marshal or Deputy		

Service Fee	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal or	Amount of Refund
-------------	---	----------------	---------------	------------------	--------------------------------	------------------

REMARKS: 08/19/08- mailed SCA

08/27/08- Recd new address Mailed out

09/08/08- Returned Unexecuted. Per the registry of Physician Specialists they can't accept service due to various Dr. Allan's employed with them. They can't determine if this dft has ever worked for them. They need further information to identify.